Case-Study Sample

Please Note:

It is a Sample Case study, not based on any particular Psychiatric Disorder. Just to give you a clear conception about a Case-Study, it has been designed. You should modify your Case-Study following this sample.

এটি একটি নমুনা কেস স্টাডি, কোন বিশেষ মানসিক ব্যাধির উপর ভিত্তি করে নয়। শুধুমাত্র একটি কেস-স্টাডি সম্পর্কে আপনাকে একটি স্পষ্ট ধারণা দিতে, এটি ডিজাইন করা হয়েছে। এই নমুনা অনুসরণ করে আপনার কেস-স্টাডি পরিবর্তন করা উচিত।

A Man Who Lost His world

Aratrila Roy

A Man Who Lost His world

Aratrila Roy
BATCH: XXXXXXX
ROLL NO.: XXXXXXXXX

Psychogenesis Research Foundation
23/M Fern Road, Ballygunge
Kolkata-19

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Case

You must give your case her

আপনার কেসটি এখানে লিখুন

CASE HISTORY

Name: Robi Das **Age:** 43 yrs **Sex:** Female

Marital Status: Married **Education:** Educated

Informant's Name: Shyamali **Relation with Patient:** Wife

Reliability of source of information: Satisfactory

Case Details:

CHIEF COMPLAINTS: Cheerle**ss**ness**,** feeling displeased, sad, uneasy feeling of no energy or enthusiasm, worthlessness, heaviness of head, marked anxiety, restlessness.

- **Duration of current illness:** last 9 months.
- **Mode of onset:** Acute
- **Precipitating factors:** Promotion in job.
- **Course and Progression:** Gradual deterioration with each day.

HISTORY OF PRESENT ILLNESS: Nil

TREATMENT HISTORY (Current Episode): Nil

PAST HISTORY:

- **Medical (Symptoms and Treatments):** Nil
- **Psychiatric (Symptoms and Treatments):** Episodes of too much energy, irritability, racing thoughts and loud speaking lasting from few hours to couple of months. NO treatments given.

FAMILY HISTORY: Maternal grandfather and aunt hospitalised for Mania.

PERSONAL HISTORY:

- **Birth and Development:** Nil
- **Sexual and Menstrual History:** Nil
- **Occupation:** Librarian

- **Marital relation:** Very serious about wife and Children (son and daughter).
- Habits and Addictions: Nil

PREMORBID PERSONALITY: Very caring, helpful, cheerful, witty.

MENTAL STATUS EXAMINATION

1. General Appearance & Behaviors

_____

2. Speech

_____

3. Volition

_____

4. Affect

_____

5. Thought

_____

6. Perception

_____

7. Attention

_____

9. Memory

_____

10. Language

_____

11. Intelligence

_____

12. Judgment

_____

13. Orientation

_____

14. Insight

DIAGNOSTIC FORMULATION

PROVISIONAL DIAGNOSIS

DIFFERENTIAL DIAGNOSIS

Step One:

Ruling out possibility of psychosis with organic causes:

- There is no mention of habits or addictions (especially drugs or alcohol) which may lead to organic mood disorder.
- There is no mention of memory loss or forgetfulness to prove any form ofdementia.

Step Two:

Ruling out possibility of psychotic disorders:

- There is absence of sudden mood changes and also no resolution of the disease after a couple of months with gradual deterioration with each day indicating absence of acute and transient psychotic disorder.
- There is absence of abnormal behaviour (abusive/ violent/ irritable, etc), inappropriate and illogical talking or self-muttering, sleeplessness indicating absence of Schizophrenia.

Step Three:

Ruling out possibility of psychosis with non-organic causes:

- There is absence of expression of any idea or belief with unusual persistence enlightening the absence of delusional disorder.

Step Four:

Ruling out possibility of .....disorders:

- There is absence of physical symptoms like insomnia, stomach upset, fidgeting, nausea and numbness in limbs, muscle aches, difficulty in swallowing and bouts of difficulty in breathing, trembling, twitching, difficulty in concentration, irritability, sweating and inability to fully control anxiety leading to the belief of absence of generalized anxiety disorder.
- There is no mention of any habit indicating an obsession or a compulsion to reduce such an action referring absence of Obsessive CompulsiveDisorder.
- There is absence of hopelessness and helplessness, no difficulty in thinking or concentrating, no lack of decisiveness or slowed thinking or poor memory. Social withdrawal isn't affecting functional ability in occupation and also previously present episode of Hypomania, instructing presence of not only depressive episode.

DIAGNOSIS

Symptoms:

- Severe fatigue
- Hypersomnia
- Self Muttering
- Loss of interest in things she likes, like listening to music
- Irrelevant talking
- Unexplained crying
- Recurring thoughts of death
- Feelings of worthlessness leading to self-reproach and guilt-feelings
- Marked anxiety and restlessness
- Heaviness in head
- Hyperphagia

The above symptoms have lasted for more than 6 weeks.

So, considering the symptoms, differential diagnosis, precipitating factors and collected data from the informant and MSE the patient is suffering from

Schizophrenia/BLPD/Mood Disorder/RDD.....

PROGNOSIS

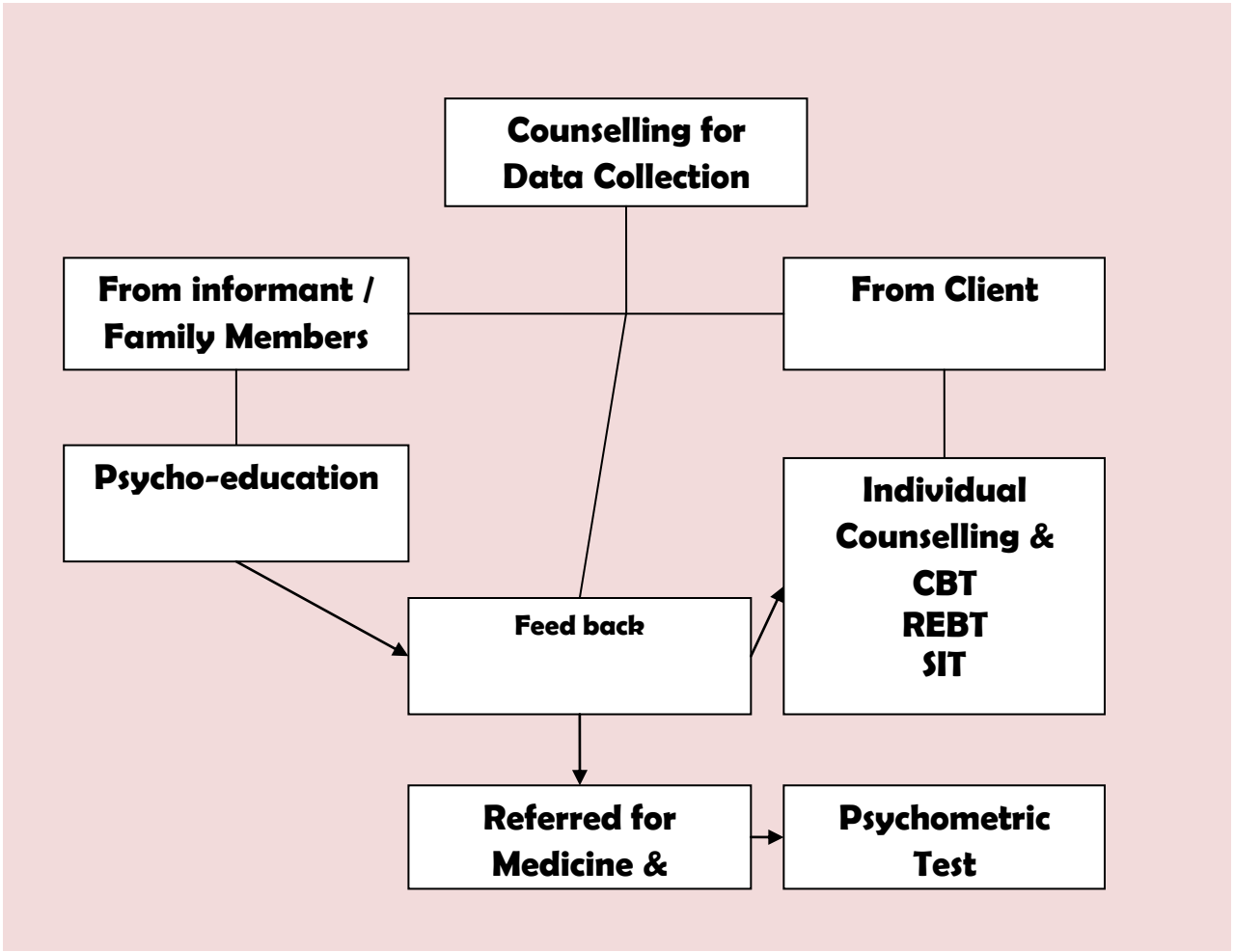
Good Factors

- Acute onset
- Typical clinical featurespresent
- Well adjusted pre-morbidpersonality
- Favourable childhoodenvironment

Poor Factors

- Insidious onset
- Onset before 20 years of age
- Absence of stressor
- Poor pre-morbid adjustment
- Undifferentiated, disorganized, or chronic catatonic subtypes
- Chronic course (> 2 years)
- Absence of depression
- Predominance of negative symptom

Treatment Management Plan



Conclusion

..... is difficult to diagnose. Many people suffer from it. It has a lot of effect on the affected person's ability to lead a normal life. We know that there is **NO** cure for any form of Bipolar Disorder. But, we have treatments, medicines, psychotherapies and above all we have **LOVE**, to **HELP** them live in this world and also feel accepted.

"Your illness does not define you. Your strength and courage does."

This Case study design and executes by
Aratrika Roy